A publication to keep our network providers up to date on the latest news at Blue Cross and Blue Shield of Louisiana

1st Quarter 2010

provider networknews

providing health guidance and affordable access to quality care

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Healthcare Reform

Moving Forward

On March 21, the U.S. House of Representatives passed the Patient Protection and Affordable Care Act (PPACA)—otherwise known as healthcare reform—by a vote of 219 to 212. President Obama signed that bill into law on March 23. The Senate then passed the so-called "reconciliation bill" that was required to add certain "fixes" to the healthcare reform legislation and sent it back to the House with slight changes. Finally, the House passed the reconciliation bill on March 25, sending it to the president to sign.

While healthcare reform is now the law of the land, it is difficult to know yet exactly what shape the final details will take. Many analysts all over the country—in the insurance industry, hospitals, doctors' organizations, legal experts and more—are studying the massive new law and attempting to boil it down into understandable points. Here at Blue Cross, we have been monitoring the healthcare reform debate for months, and we will continue to do so.

The new law will take effect in stages. Some provisions take effect within 90 days or six months, while others don't kick in until as late as 2014. In addition, Republican lawmakers may file new federal legislation to try to repeal the healthcare reform law or to negate parts of it. Several states' attorneys general have filed suit alleging the new law is unconstitutional, and other states' legislatures are considering bills that would prohibit state agencies from complying with the federal mandates.

As you can see, we must continue to monitor the ongoing debate. We know that healthcare reform is confusing, even for those of us in the industry, and we promise to do our best to get you and your patients the answers you need on the questions about reform. This is a confusing time for all Americans, and we expect that many of you may be receiving questions from your patients, staff members, friends and family.

Blue Cross values our relationships with hospitals, physicians and allied providers and recognizes the value our robust healthcare networks bring to our members. It is on their behalf that we must work with our key business partners, including doctors and hospitals, employers, legislators and consumers, to ensure that the reforms passed by Congress work for the people of Louisiana.

We will keep our own healthcare reform web page as up-to-date as possible over the next few weeks and months. Go to www.bcbsla.com and click Healthcare Reform to follow developments as we understand them.

Learn More About Healthcare Reform

Daily Updates

Visit http://americanhealthsolution.org/blog/ to get daily blog updates on the progress of reform and read important "Fact Check" fact sheets to help you understand the issues.

www.bcbsla.com
www.bcbsla.com/ilinkblue

BlueCross BlueShield of Louisiana
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Provider Network

Every operating room team can improve the safety and efficacy of care delivered to surgical patients.

Blue Surgical Safety Checklist

Surgery is often an essential component of healthcare, yet many surgical complications are common and preventable.

The Blue Cross Blue Shield Association (BCBS) is taking a leadership role in identifying opportunities to support improvements in healthcare delivery and safety for Blue members in operating rooms across the nation.

BCBS's Blue Surgical Safety Checklist℠ is a resource for hospitals and physicians. It was adopted from the World Health Organization (WHO) Surgical Safety Checklist and is available online at www.bcbs.com, then click on Blue Resources>Health & Wellness>Blue Surgical Safety Checklist. The checklist outlines essential standards of surgical care and is designed to be simple, widely applicable and address common and potentially disastrous lapses in care.

We at Blue Cross and Blue Shield of Louisiana are encouraging our hospitals and physicians to use this checklist. We are also educating and encouraging our members to share this checklist with their healthcare team prior to surgery.

The goal is to improve surgical results and decrease risk to patients. Having an open discussion with your patients about surgical safety is one way you can proactively promote safety and help eliminate avoidable complications, which helps patients receive the highest standard of surgical care.

Hospitals may also register with WHO as a facility that is interested in promoting and implementing a surgical safety checklist in their operating rooms. Visit www.who.int/patientsafety/safesurgery/en/ for more information.

If you have any questions or would like additional information, please contact Ms. Kim Gassie at Kim.Gassie@bcbsla.com or 225.297.2685.

NPI-Only By Mid-2010

Over the last two years, we have communicated the need for providers to submit their National Provider Identifier (NPI) as it will soon be a requirement for filing claims. By mid-2010, Blue Cross will require an NPI on all claims, both electronic and paper; regardless of the provider's network participation. Providers will receive a 30- day notice before we transition to accepting NPI-only on claims. Once the transition is made to NPI-only, claims received without an NPI or with an NPI that is not on our records will be rejected.

Notifying Blue Cross of Your NPI

To ensure that claims are not rejected for an NPI, we request that providers submit their NPI to us before the switch to NPI-only. Below are three ways to submit your NPI to Blue Cross.

1. **Provider Update Form** – Submit it using our Provider Update Form; available under the Forms for Providers section of our Provider page at www.bcbsla.com.
2. **On Your Letterhead** – Print your name and tax identificaton number (TIN) or social security number on your office letterhead and fax to 225.297.2750 or mail to BCBSLA; Attn. Network Administration; PO Box 98029; Baton Rouge, LA 70898-9029.
3. **Credentialing/Recredentialing Forms** – Include it on your Louisiana Standardized Credentialing Application (LSCA), Health Delivery Organization (HDO) Application or Blue Cross recredentialing application. Failure to include an NPI during the credentialing or recredentialing will delay the process until we receive the NPI(s).

Providers of Clinics: If you are employed by or affiliated with a clinic and your payments are made directly to that clinic, then both you, as an individual provider, and the clinic are responsible for obtaining separate NPIs. You should then notify Blue Cross of both your NPI as well as the clinic NPI. Always remember to file claims with both NPIs and your TIN.

Facilities: Facilities that choose to use the same NPI for all of their hospital-based subunits, should notify Blue Cross so we can load the NPI on all subunit records. If you choose this option, then you must file your claims with taxonomy codes in addition to the NPI and TIN.

Blue Cross cannot apply for nor assign you an NPI.

Provider Network

What's the Latest on Your Contact Info?

Did you know that each year Blue Cross and Blue Shield of Louisiana is ranked against all other BlueCross BlueShield Plans on the accuracy of our provider directories? Having accurate directories ensures that our members—your patients—are able to locate you when they need healthcare.

If you have recently moved, changed your phone number(s), fax number(s) or e-mail address, etc. and have not notified us, it is important to notify us so that we can accurately publish your contact information.

There are several ways that you may notify us of your updated contact information:

- Complete our online interactive Provider Update Form available under the Forms for Providers sections of our Provider page at www.bcbsla.com.
- Send an e-mail to provider.communications@bcbsla.com. (Be sure to include the name and NPI of the provider, a contact name and telephone number.)
- Contact Blue Cross' Provider Network Administration Division at 1.800.716.2299, option 3.
- Include it on your recredentialing form during your recredentialing process.

Medicare Changes Payment Rules for Consultation Services

In 2009, the Centers for Medicare & Medicaid Services (CMS) announced that effective January 1, 2010, Medicare will no longer recognize consultation CPT® codes 99241-99245 and 99251-99255. This applies for both Medicare-primary and Medicare-secondary claims.

These codes are still valid CPT codes for 2010, and Blue Cross continues to accept these consultation codes. We have current allowable charges for these codes and any changes in allowable amounts or billing policies for these codes will be communicated to our providers with a 90-day notice. At this time, we do not anticipate any changes.

Per CMS, physicians and others must bill an appropriate Evaluation and Management code for the services previously paid using the consultation codes. If the primary payer for the service continues to recognize consultation codes, physicians and others billing for these services may either:

1. Bill the primary payer an Evaluation and Management code that is appropriate for the service, and then report the amount actually paid by the primary payer, along with the same Evaluation and Management code, to Medicare for determination of whether a payment is due; or
2. Bill the primary payer using a consultation code that is appropriate for the service, and then report the amount actually paid by the primary payer, along with an Evaluation and Management code that is appropriate for the service, to Medicare for determination of whether a payment is due.

   Note: The first option may be easier from a billing and claims processing perspective.

For more on this from CMS, go to www.cms.hhs.gov/MLNMattersArticles/downloads/MM6740.pdf and www.cms.hhs.gov/MLNMattersArticles/downloads/SE1010.pdf.

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Availability Standards for Blue Cross Providers

Blue Cross is committed to providing access to high quality healthcare for all members, promoting healthier lifestyles and ensuring member satisfaction with the delivery of care. To support these commitments, network providers are responsible for meeting the following availability standards:

- **Emergency:** Immediate access, 24 hours a day, 7 days a week. Defined as medical situations in which a member would reasonably believe his or her life to be in danger, or that permanent disability might result if the condition is not treated. Examples include: loss of consciousness, seizures, chest pain, severe bleeding or trauma, etc.
- **Urgent:** 30 hours or less. Defined as medical conditions that could result in serious injury or disability if medical attention is not received. These conditions are not considered life-threatening but do substantially restrict a member's activity. Examples include: severe or acute pain, high fever in relation to age and condition, etc.
- **Routine Primary Care:** (Non-urgent, symptomatic visits): 5 to 14 days. Defined as problems that could develop if left untreated, but do not substantially restrict a member's normal activity. Examples include backache, suspicious mole, etc.
- **Preventive Care:** 6 weeks or less. Examples include routine physical, well baby exam, annual Pap smear, etc.

Billing and Coding

Reasons for Change to ICD-10

The ICD-9 coding system is nearly 30 years old and has outdated and obsolete terminology. It is also inconsistent with current medical practices.

The conversion to ICD-10 codes will allow for necessary details on patient medical conditions and on procedures performed during a patient's hospitalization.

ICD-10-CM

ICD-10-CM is a diagnosis classification system of codes—developed by the Centers for Disease Control and Prevention (CDC)—that is formatted much like the ICD-9 system of codes. It will; however, use a different number of digits and will be used in all healthcare treatment settings.

ICD-10-PCS

ICD-10-PCS is a procedure classification system of codes—developed by CMS—to be used to report procedures performed in an inpatient hospital setting only. ICD-10-PCS codes will consist of seven alpha or numeric digits compared to the ICD-9-CM procedures codes which currently only use three or four numeric codes.

Coding of the Future: ICD-10

The Centers for Medicare and Medicaid (CMS) has mandated the conversion from ICD-9-CM to ICD-10-CM (diagnosis) and ICD-10-PCS (hospital procedure) code sets by October 1, 2013.

These mandates may require substantial changes to the information technology systems for health insurers, providers, clearinghouses and practice management vendors. Differences in code length, alpha-numeric characters and increased details captured by the codes are just some of the changes that are a part of the new code set.

All healthcare organizations must also be compliant with American National Standards Institute (ANSI) Transaction Version 5010 (ANSI v5010) and the National Council for Prescription Drug Programs standard, Version D.0, for electronic transactions, such as healthcare claims by January 1, 2012. Version 5010 is essential to the use of the ICD-10 codes.

The CMS website includes a section dedicated to ICD-10 and how it differs from ICD-9: www.cms.hhs.gov/ICD10. Check this site often for upcoming presentations, helpful downloads and other updated information.

Tips to Prepare for ICD-10 Compliance

CMS suggests that provider organizations and facilities develop a plan for implementing the upcoming ICD-10 code changes. Providers should start reaching out now to their information technology system vendors, medical management software vendors, trading partners, etc.

A few tips for making the change to IDC-10 coding include:

- Assess the impact of converting to ICD-10 codes
- Develop a strategy for implementing system changes including testing and go-live dates
- Evaluate and prepare for any financial impacts this change may create
- Develop a plan for training your employees on this change
- Acquire any necessary resources to implement your transition to ICD-10

More on ICD-10

CMS offers more information on the change to ICD-10 coding.

- ICD-10 Overview: www.cms.hhs.gov/ICD10/
- Diagnosis and Procedure Codes Fact Sheet: www.cms.hhs.gov/MLNProducts/downloads/ICD-10factsheet2008.pdf
- GEMS (General Equivalence Mappings) Fact Sheet: www.cms.hhs.gov/MLNProducts/downloads/ICD-10Mappingfctsht.pdf
- GEMS Frequently Asked Questions (FAQs): www.cms.hhs.gov/MLNProducts/downloads/ICD-10_GEM_factsheet.pdf

Updated Anesthesia Billing Guidelines

Included in Our Online Provider Manuals

We recently made updates to our anesthesia billing guidelines, effective Feb. 1, 2010, and they are available in our *Professional Provider Office Manual* and *Member Provider Policies & Procedures Manual*.* You can always find our provider manuals under the Manuals & Speed Guides section of our Provider page at www.bcbsla.com.

**The Member Provider Policies & Procedures Manual is available only on iLinkBLUE.*

Billing and Coding

IV PCA Coding Change: 99231 Instead of 01999

In response to concerns from our anesthesia providers over the need to appeal claims, especially when treating Out-of-State BlueCard® members for IV PCA daily management and billing CPT® code 01999, we researched an alternative billing procedure. Our research determined that it is more appropriate to bill Evaluation and Management code 99231 instead of 01999. This billing practice is also the recommended coding by the American Society of Anesthesiologists (ASA) and is the industry standard for this service.

Effective Feb. 1, 2010, we have updated our system to utilize 99231 for IV PCA daily management claims. We no longer accept the unlisted CPT code 01999 for use when billing IV PCA daily management claims.

The allowable charge for 99231 will be the basis for your reimbursement as your set-up charge is now included as part of the Evaluation and Management allowance of the daily management and should not be billed separately.

Billing anesthesia minutes, anesthesia modifiers or physical status modifiers with 99231 is not appropriate. If billed with 99231, a delay in payment or non-payment may occur.

For more information, see the Anesthesia Billing Guidelines in your Professional Provider Office Manual.

Blue Cross Updates CPT® & HCPCS Codes

Each year as new CPT® and HCPCS codes are released, Blue Cross adds them to our system for the purpose of processing claims. In addition to adding new codes throughout the year, on January 1st of each year—our largest system update—we also update the allowable charges for existing CPT and HCPCS codes.

Allowable charges for CPT codes are available in iLinkBLUE by selecting "Allowable Charges" on the left menu bar. Using this tool, providers have the option to research allowable charges by applicable network, then by a single or range of CPT codes, with or without modifiers.

A complete list of allowable charges for our HCPCS codes is available in iLinkBLUE. Click on "Manuals" on the menu bar, then on "Allowable Charges" to view PDFs listings of HCPCS allowable charges.

Providers without access to iLinkBLUE may call Provider Services at 1.800.922.8866 to request allowable charges or a listing of our HCPCS allowable charges.

We recently added the following new codes to the Diagnostic and Therapeutic CPT/HCPCS code range:

0203T-0204T	92570	G0430-G0431
0206T-0218T	A9581-A9583	G9141
90470	A9604	Q0138
92540	C9254-C9257	Q4074
92550	G0422-G0424	Q9968

We added the following new codes to the Surgical CPT/HCPCS code range:

0221T-0222T

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HMOLA Lab Program

Providers participating in our HMO Louisiana, Inc. (HMOLA) provider network must follow the guidelines of our Preferred Lab Program in order to receive the highest level of reimbursement for laboratory testing and to assure your HMOLA patients receive the appropriate level of benefits.

Under the HMOLA lab program, participating HMOLA providers are only reimbursed for select lab services when performed in the office. All other lab services should be sent to one of our HMOLA lab vendors:

- LabCorp
- Omega Diagnostics
- Quest Diagnostics
- Woman's Hospital (for the Baton Rouge area, select services only)

More information is available in our HMOLA Preferred Lab Program Speed Guide. This speed guide fully outlines the HMOLA Preferred Lab Program and is available under the Manual & Speed Guides section of our Provider page at www.bcbsla.com.

The HMOLA Preferred Lab Program Speed Guide also includes a complete list of in-office lab services that are payable* under the member's copayment when performed in the office.

* Reimbursement is based on availability of member benefits. Always verify members' benefits and eligibility.

Help Your Patients Protect Their Medical Identity

According to the Federal Trade Commission, an estimated 200,000 people a year are victims of medical identity theft. Medical identity theft happens when someone uses another person's name and other parts of their identity to obtain medical services or to file false claims for medical services. The effects can be devastating to the victim's financial and medical records. Medical files might list the wrong blood type, diagnosis or incorrect prescriptions.

Help prevent medical identity fraud by properly identifying patients. If you encounter someone using a Blue Cross ID card frauduently, please contact our Fraud Hotline at 1.800.392.9249 or e-mail fraud@bcbsla.com.

Electronic Services

Blue Health Record

Quick access to a patient's complete medical history...

With just a few clicks of the mouse, you can retrieve a claims-based health record for most of your Blue Cross and Blue Shield of Louisiana patients* and get the whole picture fast.

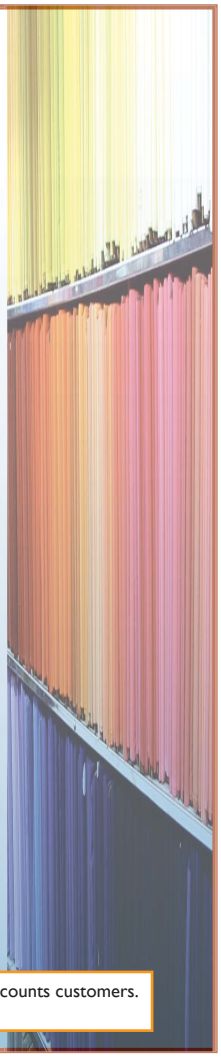
It is your quick reference guide to:

- current and past prescriptions filled
- illnesses and associated treatments
- surgeries performed
- immunizations and preventive healthcare received within the last two (2) years

To learn more on how to access members' Blue Health Records, please e-mail EDI Services at ilinkblue.providerinfo@bcbsla.com or call the LINKLine at 1.800.216.BLUE (2583).

This tool is available on iLinkBLUE, our online provider resource (www.bcbsla.com/ilinkblue).

These records are useful for treating new patients, as well as patients with complex health issues and chronic diseases. Facilities can also benefit from the use of Blue Health Records when treating emergency room patients. We do require that providers limit access to this sensitive information and recommend that only physicians and designees of physicians responsible for patient care request access to the Blue Health Record.



* Blue Health Records are not available for Medicare supplement, FEP and national accounts customers. iLinkBLUE users must complete an iLB System CHR Access Security Form.

Use iLinkBLUE for Imaging Authorizations

Did you know that you can request imaging authorizations online, anytime of day?

Through iLinkBLUE, ordering physicians can submit electronic requests for imaging authorizations directly to AIM (American Imaging Management)*.

Simply click on "Authorizations" on the iLinkBLUE menu bar, then select "Imaging Authorizations (AIM)." A step-by-step tutorial on using AIM's web-portal is also available on iLinkBLUE.

AIM Call Center Holidays

AIM's call center will be closed on the 2010 holidays listed below. Ordering physicians may still obtain imaging authorizations by using AIM's interactive web-portal available through iLinkBLUE.

- Memorial Day - Monday, May 31
- Independence Day - Monday, July 5
- Labor Day - Monday, Sept. 6
- Thanksgiving - Thursday, Nov. 25
- Day after Thanksgiving - Friday, Nov. 26
- Christmas Eve - Friday, Dec. 24

*AIM is an independent company that serves as the high-tech imaging authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

Enhanced Screens in iLinkBLUE

On February 2, 2010, we implemented enhancements to the **Electronic Funds Transfer** (EFT) and **Remittance Advice** screens.

The functionality and layout have changed slightly to make research and viewing payment information more convenient and user friendly. Also, as part of the enhancements, iLinkBLUE now archives a maximum of two years of remittance advices and EFTs.

More on these enhancements is available on the iLinkBLUE message board.

Use iLinkBLUE to View Your Allowables

If you're not already using iLinkBLUE to get your allowable charges, now is the time to start!

With iLinkBLUE, you can get allowable charges by network, date of service and even code range. Go to www.bcbsla.com/ilinkblue/ and look for "Allowable Charges" on the menu bar.

If you're not an iLinkBLUE user, more information on becoming a user is available under the iLinkBLUE section of our Provider page at www.bcbsla.com.

BlueCard® Out-of-Area Tool in iLinkBLUE

iLinkBLUE includes a tool that allows you to request eligibility, limited benefits and claim status for BlueCard members. It is located in the navigational menu under the **BlueCard Out-of-Area** option.

To help providers use this tool, we have added a step-by-step user manual to the "Manuals" section of iLinkBLUE.

Check it out!

iLinkBLUE is available at www.bcbsla.com/ilinkblue/

Out-of-State/BlueCard® Program

Medicare Advantage Quick Guides

Our newly developed provider quick guides for Medicare Advantage PPO and PFFS are now available under the Manuals and Speed Guides section of our Provider page at www.bcbsla.com.

BlueCard Quick Tips

1. Check BlueCard member eligibility, benefits and authorization information:
   - Using iLinkBLUE's BlueCard Out-of-Area tool
   - By calling BlueCard Eligibility® at 1.800.676.BLUE (2583)
2. Submit BlueCard claims:
   - Directly to Blue Cross and Blue Shield of Louisiana
3. Check BlueCard claim status:
   - Via your electronic remittance advices available in iLinkBLUE
   - Using iLinkBLUE's BlueCard Out-of-Area tool
   - Calling Provider Services at 1.800.922.8866

Extended Runout Period for US Virgin Island (USVI) Claims

Claims for services incurred for USVI members on or before June 30, 2009, will continue to be processed by Independence Blue Cross through April 16, 2010. This is an extension from the original January 31, 2010, claims runout date.

Extending the claims runout date will help provide continuity to providers.

Services incurred for USVI members on and after July 01, 2009, will be processed by Triple-S Salud of Peurto Rico via BCBSLA's BlueCard Program.

Automating Medical Records

Blue Cross and Blue Shield of Louisiana is working to implement a new internal process for routing medical records. This new process will be seamless to providers. There will be no change in the way providers submit medical records. However, providers should notice improved response times due to a more efficient internal process.

The initial implementation of automating medical records is scheduled for implementation in early 2010 and will include BlueCard claims.

Medical records will be processed and imaged in one centralized location, then routed via an automated process to their destination, resulting in quicker reviews, which means quicker processing of claims that require medical records for adjudication.

Part of this new process includes adding functionality by way of an additional search engine within the application where imaged medical records will be securely stored, allowing us to easily locate and review the medical records that you submit. The new functionality will also help to reduce duplicate requests and provide our customer service representatives with the tools needed to accurately service the provider during a call.

You can also help in maximizing the efficiency and effectiveness of this new automated process by following the guidelines for submitting medical records to BCBSLA (at right).

Guidelines for Submitting BlueCard Medical Records

1. Always submit medical records directly to BCBSLA when you receive a Medical Record Request Form from BCBSLA.
2. Wait until you receive a request for medical records from Blue Cross before submitting medical records for any denial or notification for:
   - lack of information received
   - additional information needed
   - waiting on requested information

   For these types of denials, providers should wait ten (10) business days to allow BCBSLA time to send out a request for medical records. If after ten (10) business days, no request is received the provider should inquire with customer service to verify exactly what information is needed.
3. Promptly send medical records to BCBSLA (within ten 10 business days) after receiving a request for medical records.
4. Always include the Request for Medical Records Form that you received as the cover or first page of the records.

BlueCard Medical Records should NOT be submitted:

1. With a copy of the originally-filed claim as an attachment.
2. Unless you received a request for medical records from BCBSLA.
3. Without the Request for Medical Records Form attached.
4. Via certified mail.

Upon receipt of medical records, please allow 30 days for Blue Cross and/or the member's Blue Plan to complete the review process. If no response is received after 30 days, please follow-up with BCBSLA by calling provider services at 1.800.922.8866.

Medical Management

Blue Cross Manages Imaging Authorizations for Select Groups

Select self-funded groups that use Blue Cross and Blue Shield of Louisiana as their health plan administrator have opted not to use AIM's radiology management program for imaging authorizations.

For the following groups, imaging authorizations will be managed directly by Blue Cross*.

Group No.	Group Name
78477-ERC	Acadian Ambulance
77890-FF4	CGB Enterprises, Inc.
77376	Calcasieu Parish School System
77678-FF4	Danos & Curole Marine Contractors LLC
78340-ERC	Green Energy Services
75574-FF4	Lafayette Parish School Board
77307	McGlinchey Stafford
48318-FF2	Petroleum Helicopters, Inc.
78022-FF4	Phelps Dunbar
77068-FF4	Rubicon LLC
48214	Sewerage & Water Board of N.O.
72201-72279	Sheriff's Association
77889	Zen-Noh Grain Corporation

* To obtain imaging authorizations for these BCBSLA members, call Provider Services at 1.800.922.8866, option 2.

Pre-authorization Hints

Follow these tips to simplify your authorization process.

Prepare, organize and document all necessary information before calling or faxing your request.

Request eligibility and benefit coverage for your patient before hand by using iLinkBLUE or calling the customer service number on the member's ID card.

Expedite your call by having the following information handy:

- Your NPI number, office address and telephone number
- The patient's full name, policy number and date of birth
- The diagnosis and procedure codes
- The place where services will be rendered

Avoid calling on Monday whenever possible. Mondays are often busier due to weekend utilization activity. If you must call on a Monday, please expect slightly longer hold times.

Utilize our electronic provider resources whenever possible.

- Our list of specialty drugs that require authorization is available at www.bcbsla.com/pharmacy.
- Medical Policies are available on iLinkBLUE.
- Our network speed guides and provider manuals include a list of services that require authorization and are available under the Manuals and Speed Guides section of the Provider page at www.bcbsla.com.
- You can request and view high-tech imaging authorizations online through iLinkBLUE, which links you directly to AIM.

Turnaround time is within three (3) to five (5) calendar days for non-urgent authorization requests. Promptly respond when additional medical information is requested to prevent delays.

Help us serve you faster by requesting an authorization extension before the patient's current authorization expires.

Submit authorization requests via Fax to 1.800.586.2299 when possible.

Medical Policy Consistency Survey Results

As a pro-competitive and pro-consumer initiative, the Blue Cross and Blue Shield Association (BCBS) has adopted efforts to measure medical policy consistency among its family of Blue Plans. This effort was viewed as an important aspect of the BCBS System in terms of improving customer (i.e. physician, member and national account) satisfaction. The effort to improve consistency of medical policies among Blue Plans has been in place for the past two years (2008, 2009) and the overall survey result average for all 37 participating Blue Plans is 82.7 percent.

Blue Cross and Blue Shield of Louisiana's 2009 goal was to achieve 85 percent consistency for our medical policies when compared with BCBS's medical policies. For 2009, we achieved a consistency of 87 percent. Dr. Thomas Kim, director of medical policy for BCBSLA, continues to focus on this effort for 2010. "It is important to not only achieve, but also to maintain and continue to improve the standard of consistency for our medical policies," says Kim.

Although the methodologies of the surveys in 2008 and 2009 were not identical, the results of the 2009 survey showed significant improvement compared to the 2008 survey, for both the overall results for all Blue Plans as well as BCBSLA's results.

BCBS plans to conduct their medical policy consistency survey again in 2010.

Medical Management

Medical Policy Update

Blue Cross regularly develops and revises medical policies in response to rapidly changing medical technology. Our commitment is to update the provider community as medical policies are adopted and/or revised. Benefit determinations are made based on the medical policy in effect at the time of the provision of services. Please view the following updated medical policies, all of which can be found on iLinkBLUE at www.bcbsla.com/ilinkblue.

Medical Policy Coverage Legend

These symbols are referenced next to medical policies listed on this page and indicate Blue Cross' coverage indications as follows:

- I Investigational
- C Eligible for coverage with medical criteria

Medical Policy Highlight

Policy No. 00244 - Vigabatrin (Sabril®)

Vigabatrin (Sabril) is a recently FDA approved medication for two indications. The pediatric indication is for infantile spasms, a difficult-to-treat seizure disorder that strikes infants between three to six months of age. The adult indication is for complex partial seizures that do not respond to first line agents. For infantile spasm, this drug is the first FDA approved agent for this syndrome, although a repository corticotrophin (ACTH gel) has been used in the past. The precise mechanism of this drug is unknown and available in oral solution and tablet forms.

New Medical Policies

Policy No.		Policy Name	Effective Date
00244	C	Vigabatrin (Sabril®)	Dec. 16, 2009
00245	I	Genetic Testing for Warfarin Dose	Dec. 16, 2009
00246	C	Ventricular Assist Devices and Total Artificial Hearts	Jan. 20, 2010
00247	I	Electromagnetic Navigation Bronchoscopy	Jan. 20, 2010
00248	I	Adoptive Immunotherapy	Feb. 17, 2010
00250	I	Biomarkers for Detection of Lymph Node Metastases in Breast Cancer	Feb. 17, 2010
00251	I	Ultrasonographic Measurement of Carotid Intimal-Medial Thickness as an Assessment of Subclinical Atherosclerosis	Feb. 17, 2010

Recently Updated Medical Policies

December 2009

00073	C	Implantable Hormone Pellets
00210	C	Erythropoiesis-Stimulating Agents (ESAs): Epoetin (Epogen® and Procrit®) and Darbepoetin (Arnesp®)
00230	C	Repository Corticotropin Injection (ACTH Gel, H. P. Acthar Gel®)

February 2010

00230	I	Computed Tomography Scanning for Lung Cancer Screening

Provider inquiries for reconsideration of medical policy coverage, eligibility guidelines or investigational status determinations will be reviewed upon written request. Requests for reconsideration must be accompanied by peer-reviewed, scientific evidence-based literature that substantiates why a technology referenced in an established medical policy should be reviewed. Supporting data will be reviewed in accordance with medical policy assessment criteria. If you have questions about our medical policies or if you would like to receive a copy of a specific policy, log on to iLinkBLUE at www.bcbsla.com/ilinkblue or call Provider Services at 1.800.922.8866.

Company News

Help your BLUE patients get FREE prescriptions

We now offer members* the opportunity to try select generic alternatives for FREE.

Our **COPYCATS** program gives members* a one-time first fill for free on specific generic drugs.

Generics are "copycats" of brand-name drugs. They are safe, effective and typically cost a quarter of the price of brand-name drugs. They are U.S. Food and Drug Administration (FDA) approved and must meet the same strict standards as brand-name drugs.

When you prescribe a generic medication included in the Trial Program, we'll give the member their first fill for free. The member's first free fill for an eligible generic drug is determined at the point of fill at the pharmacy. Members already established on an eligible generic drug do not qualify as it would not be their "first" fill.

* COPYCATS is not available for pharmacy benefit designs that feature a deductible and coinsurance. For self-insured groups, participation is optional.

For a complete list of generic medications for this program, visit www.bcbsla.com/pharmacy.

Edison Chouest Offshore Chooses Blue Cross

We are pleased to announce that Edison Chouest Offshore—a self-insured group—has chosen Blue Cross and Blue Shield of Louisiana as their health plan administrator. Located in Galliano, La., this company represents the most diverse and dynamic marine transportation operation in the world. The company owns and operates a growing fleet of new generation offshore service vessels supporting a vast majority of the U.S. Gulf deepwater market, as well as a large independently owned fleet of research vessels.

Edison Chouest Offshore has more than 4,000 employees nationwide with nearly 2,000 employees residing in Louisiana. As of January 1, 2010, these Louisiana employees and their dependents now have access to our Preferred Care PPO network providers and hospitals.

Edison Chouest Offshore members' ID cards carry the Galliano Marine Service LLC name in addition to the BCBSLA logo.

Benefits and eligibility information is available through iLinkBLUE. You may also contact Provider Services at 1.800.922.8866 with questions regarding this group.

Blue Cross Awarded OGB Contract for HMO

Blue Cross and Blue Shield of Louisiana was among several health plan carriers that submitted bids to administer HMO benefits for state employees. We are pleased to announce that we have been awarded the contract to administer the self-insured HMO health plan for the Office of Group Benefits (OGB).

Effective July 1, 2010, OGB plan members who choose the HMO health plan will have access to our extensive Preferred Care network of doctors, hospitals and other medical care providers as well as Blue providers nationwide. "Having access to medical care across the U.S. is key for retirees who live in other states and also for employees and retirees with children attending out-of-state colleges and universities," explained OGB chief executive officer Tommy D. Teague. "The national network Blue Cross will provide for our HMO plan eliminates the need for a separate EPO plan," Teague said.

OGB is merging their current HMO plan with their self-insured Exclusive Provider Organization (EPO) health plan, and HMO plan members will be served by our extensive Preferred Care provider network.

Follow Blue Cross on Facebook & More!

Do you like getting information online through social media sites like Facebook or Twitter? Blue Cross and Blue Shield of Louisiana has established accounts on several of the most popular social websites, where we are providing information on wellness and disease prevention, healthcare reform issues, company news and much more.

facebook • Become a fan at www.facebook.com/bluecrossla

twitter
- Follow our CEO, Mike Reitz at www.twitter.com/MikeReitzCEO
- Follow our corporate Twitter feed at www.twitter.com/BCBSLA

YouTube • See our video messages at www.youtube.com/bluecrossla

Member Benefits

PHS Replaces EOB

After many months of study and development, including focus groups with members, Blue Cross and Blue Shield of Louisiana is proud to unveil our new **Personal Health Statement** (PHS), formerly called the Explanation of Benefits (EOB). The PHS features a more reader friendly and understandable format. We believe that this new PHS will help Blue Cross members better understand their benefits and make record keeping simpler.

At right is a sample of the guide our members will receive with their new PHS.

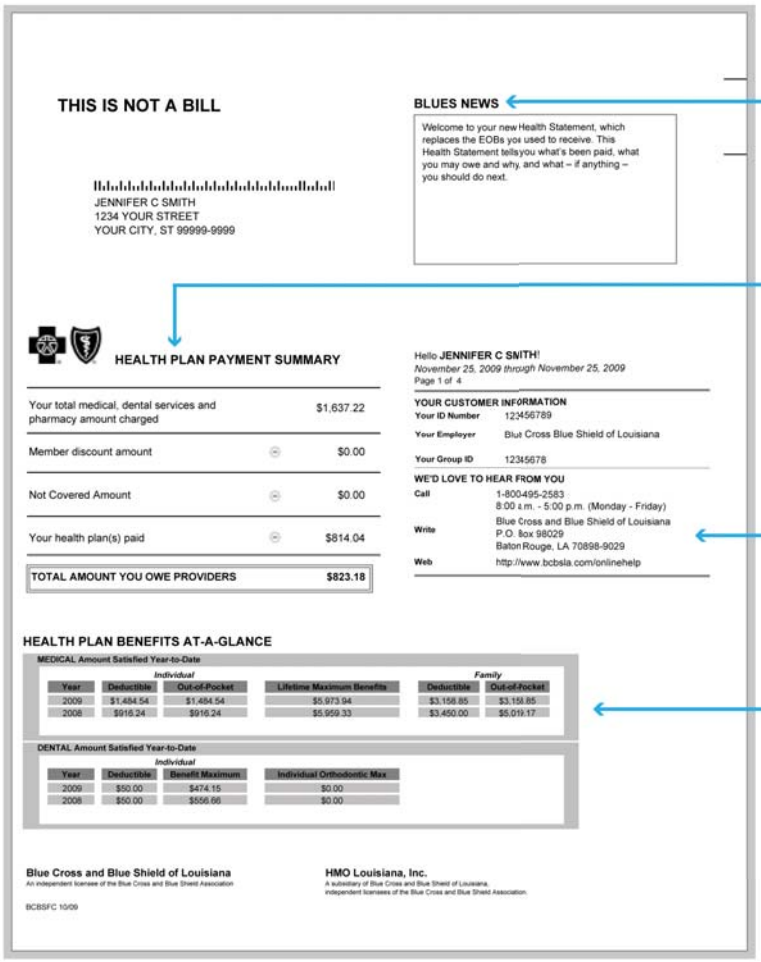
Features of the PHS include:

PAGE 1

- ☐ A health plan payment summary that provides payment details of the member's most recent claim
- ☐ Contact information for Blue Cross customer service
- ☐ The member's health plan benefits at a glance. This section shows the deductible, out-of-pocket maximum and lifetime maximum amounts and how much of each has been satisfied.
- ☐ A Blues News box with company updates and highlights that can be changed periodically as needed

PAGE 2

- ☐ Visit Details including:
  - service dates
  - total amounts charged by the provider
  - member discounts applied
  - charges not covered
  - exclusions
  - deductibles and copayment/ coinsurance information
- ☐ A breakdown of Blue Cross and subscriber payments due
- ☐ Pharmacy details such as prescribed drug, strength and quantity


THIS IS NOT A BILL
BLUES NEWS
Welcome to your new Health Statement, which replaces the EOBs you used to receive. This Health Statement tells you what's been paid, what you may owe and why, and what – if anything – you should do next.
JENNIFER C SMITH
1234 YOUR STREET
YOUR CITY, ST 99999-9999
HEALTH PLAN PAYMENT SUMMARY
Your total medical, dental services and pharmacy amount charged $1,637.22
Member discount amount $0.00
Not Covered Amount $0.00
Your health plan(s) paid $814.04
TOTAL AMOUNT YOU OWE PROVIDERS $823.18
Hello JENNIFER C SMITH!
November 25, 2009 through November 25, 2009
Page 1 of 4
YOUR CUSTOMER INFORMATION
Your ID Number 123456789
Your Employer Blue Cross Blue Shield of Louisiana
Your Group ID 12345678
WE'D LOVE TO HEAR FROM YOU
Call 1-800-495-2583 8:00 a.m. - 5:00 p.m. (Monday - Friday)
Write Blue Cross and Blue Shield of Louisiana P.O. Box 98029 Baton Rouge, LA 70898-9029
Web http://www.bcbsla.com/onlinehelp
HEALTH PLAN BENEFITS AT-A-GLANCE
MEDICAL Amount Satisfied Year-to-Date
Individual
Year Deductible Out-of-Pocket Lifetime Maximum Benefits
2009 $1,484.54 $1,484.54 $5,973.94
2008 $916.24 $916.24 $5,959.33
Family
Deductible Out-of-Pocket
$3,158.85 $3,158.85
$3,450.00 $5,019.17
DENTAL Amount Satisfied Year-to-Date
Individual
Year Deductible Benefit Maximum Individual Orthodontic Max
2009 $50.00 $474.15 $0.00
2008 $50.00 $556.66 $0.00
Blue Cross and Blue Shield of Louisiana
HMO Louisiana, Inc.
BCBSFC 10/09

BLUES NEWS
From time to time, new messages will be added here regarding current Blue Cross events and highlights.

Health Plan Payment Summary
Shows the member's financial responsibility, if any, using easy-to-follow calculations from the visit detail pages.

Contact Us
Members may use this phone number, mailing address or website to contact Blue Cross and Blue Shield of Louisiana.

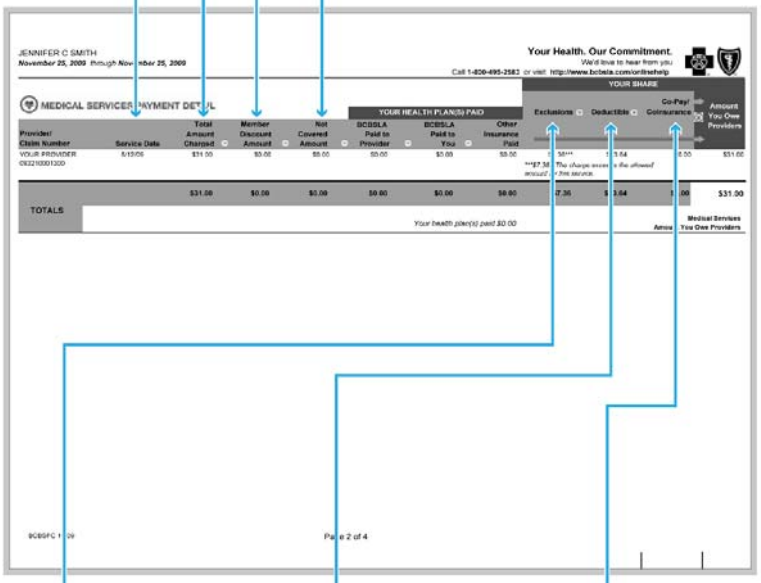
Health Plan Benefits At-A-Glance
Here, members is able to view how much of their deductible amount has been satisfied and total out-of-pocket expenses for the present year—and for a previous year in some cases.

Service Date
The date medical services were incurred.

Total Amount Charged
The total amount charged by a healthcare provider, whether or not the services are covered.

Member Discount
The amount the member saved by receiving services from a network healthcare provider.

Not Covered Amount
Any portion of the submitted charges not covered by the member's benefit plan. The provider is responsible for these charges.



Exclusions
Any portion of the submitted charges not covered by the member's benefit plan. Member is responsible for these charges.

Deductible
The fixed dollar amount the member pays for covered services before benefits are available.

Copayment / Coinsurance
Copayment is the fixed dollar amount the member pays for certain covered services. Coinsurance is a fixed percentage the member pays for certain covered services.

What's New on the Web

www.bcbsla.com

- Provider Directory Enhancements
- Updated Professional Provider Office Manual available under "Manuals and Speed Guides"
- Healthcare reform updates at www.bcbsla.com/reform
- Updated Credentialing Section is coming soon!

www.bcbsla.com/ilinkblue

- Updated manuals, including the Member Provider Policies and Procedures Manual
- ITS Out-of-Area claims status has been added as a new section under "Claims Research"
- Updated BlueCard® Out-of-Area User Manual

Have an Idea?

NetworkNews is your newsletter, designed to serve you, our valued network providers. The views of our readership are important to us. If you have ideas for articles or suggestions about how we can improve this newsletter, please e-mail us at provider.communications@bcbsla.com.

Network News

Network News is a quarterly newsletter for Blue Cross and Blue Shield of Louisiana network providers. We encourage you to share this newsletter with your staff.

The content in this newsletter is for informational purposes only. Diagnosis, treatment recommendations and the provision of medical care services for Blue Cross members are the responsibilities of healthcare professionals and facility providers.

If you would like to receive this newsletter by e-mail, please contact us at provider.communications@bcbsla.com.

View the newsletter online at
www.bcbsla.com > Provider > Provider News

Important Contact Information

Authorization
See member's ID card

BlueCard® Eligibility
1.800.676.BLUE(2583)

Claims Filing
P.O. Box 98029
Baton Rouge, LA 70898

EDI Clearinghouse
1.225. 291.4334
EDICH@bcbsla.com

FEP
1.800.272.3029

Fraud & Abuse
1.800.392.9249
fraud@bcbsla.com

iLinkBLUE & EFT
1.800.216.BLUE(2583)
iLinkBLUE.ProviderInfo@bcbsla.com

Network Administration
1.800.716.2299 Fax: 225-297-2750
network.administration@bcbsla.com

Provider Services Call Center
1.800.922.8866

Please share this newsletter with your insurance and billing staff!

Get ongoing updates on healthcare reform.
Go to www.bcbsla.com/reform.

Your Health. Our Commitment.

BlueCross BlueShield of Louisiana
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